

## ENTRY BLANK

TABLE

PLEASE TYPE OR PRINT

☐ Ms.☒ Mr. Artist

JOSEPH P KRAUS

(Last Name Last)

Permanent

Address

1940 PARKGATE AVENUE

AKRON OH

Street

City

44320

Daytime Tel. ( ) 216 836 5258

Zip

Area Code

Temporary or

Studio Address

Street

City

Daytime Tel. ( )

Zip

Area Code

If you do not presently live in one of the counties of the  
Western Reserve, in which county were you born?

Collaborator Caning by Frank Nash

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.☐ Museum should dispose of.☐ Museum should ship to artist at artist's expense

to this address:

## Special Instructions

When necessary include below instructions or a drawing of how  
the object is to be assembled and displayed.

This Entry blank must be fully made out and signed. Unsigned  
Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is  
understood that the Museum will have the right to dispose for  
its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on  
exhibition until June 29, 1986.

The submission of objects will be construed as an acceptance  
by the artist of all terms and conditions printed in the  
Entry Information.

Signature

Joseph P Kraus

DO NOT DETACH



DO NOT DETACH

# ENTRY BLANKS

# 1

- ☐ 1. Paintings    ☐ 2. Graphics    ☐ 3. Photography  
☐ 4. Sculpture    ☒ 5. Crafts

Materials

FRAME: aluminum and Baltic birch plywood, lacquered    BOWL: maple, cherry, and solid core plastic laminate    SEAT: cane

Title

A PAIR OF CHAIRS

Price or NFS

NFS

Insurance Value

if NFS Only

\$2,000.00

Size

22" w. x

22" d. x 36" h.

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in Edition

Price  
Unframed

Price of  
Frame

ACCEPTED

REJECTED

DO NOT WRITE IN THIS SECTION

16 A, B (M)

ACCEPTED

REJECTED

# 2

- ☐ 1. Paintings    ☐ 2. Graphics    ☐ 3. Photography  
☐ 4. Sculpture    ☐ 5. Crafts

Materials

Title

Price or NFS

Insurance Value  
If NFS Only

Size

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in Edition

Price  
Unframed

Price of  
Frame

ACCEPTED

REJECTED

DO NOT WRITE IN  
THIS SECTION

ACCEPTED

REJECTED

RECEIVED

DATE

BB

4/11

DETACH



1986 MAY SHOW

The Cleveland Museum of Art

Cleveland, Ohio 44106

JOSEPH KRAUS

Name

1940 PARKGATE AVENUE

Address

AKRON OHIO 44320

City & State

Zip

## NOTIFICATION #2

DO NOT  
DETACH**1**☐ 1. Paintings☐ 2. Graphics☐ 3. Photography☐ 4. Sculpture☒ 5. Crafts

Title

A PAIR OF CHAIRS

DO NOT WRITE IN THIS SECTION

16 A. B CM

ACCEPTED

X

REJECTED

**2**☐ 1. Paintings☐ 2. Graphics☐ 3. Photography☐ 4. Sculpture☐ 5. Crafts

Title

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

RETURN OF OBJECTS:

REJECTED: MAY 6-10

ACCEPTED: JULY 8-12

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

This is your only receipt to claim your object(s).